



KENTUCKY TRANSPORTATION CABINET  
Department of Vehicle Regulation/Division of Motor Carriers  
P.O. Box 2007, Frankfort, KY 40602-2007  
Phone: (502) 564-4127 (8:00 A.M.–4:30 P.M. EST)  
Walk-ins: 8:00 A.M.–4:00 P.M. EST  
<http://transportation.ky.gov/dmc>

TC 95-567  
Rev. 11/07

## 2008 KENTUCKY INTRASTATE FOR-HIRE AUTHORITY **RENEWAL**

(EXCEPT HOUSEHOLD GOODS AND PASSENGERS)

Business Name and Address:

**LIST YOUR COMPANY NUMBER (S):**

(K) NUMBER: K \_\_\_\_\_

KYU NUMBER: \_\_\_\_\_

DOT NUMBER: \_\_\_\_\_

KIT or IFTA  
NUMBER: \_\_\_\_\_

To Ensure Receipt of This Authority Before the Expiration of Your Current Authority,  
Please Return Prior to **November 30, 2007.**

### **FEES:**

Number of Vehicles \_\_\_\_\_ X \$10.00 per Vehicle = \$ \_\_\_\_\_

The application fee of \$25.00 **must** also be submitted. + \$ \_\_\_\_\_ 25.00

Total Enclosed = \$ \_\_\_\_\_

- **Make fees payable to Kentucky State Treasurer.**
- **The company's evidence of insurance (Form E) must be on file with this agency and in good standing. Carriers with invalid insurance will not be processed until receipt of the Form E.**
- **Write corrections to your company name, address, and telephone numbers directly on this form. Name or address changes require a revised Form E**
- **Future additions to this authority must be submitted on the VEHICLE ADD ON FOR: Kentucky Intrastate For-Hire Authority form. This form may be obtained from our website: <http://dmc.kytc.ky.gov> or by contacting this agency.**

I, the undersigned, hereby file application for the renewal of Kentucky Intrastate For-Hire Authority. This authorization shall remain in effect until expired by law or revoked by the Kentucky Transportation Cabinet. Any vehicles operated under this authority must carry verification of insurance. I certify that I have access to and am familiar with all applicable regulations of the U.S. Department of Transportation relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials, and I will comply with these regulations:

**\*\*\* FAXED COPIES NOT ACCEPTED \*\*\***  
**Original form must be mailed.**

**PRINT NAME AND TITLE**

**AUTHORIZED SIGNATURE**

( )

**PHONE**

**DATE**

Office Use Only  
Account Codes:

31 \$

33 \$ 25.00

**IF YOU NO LONGER NEED THIS AUTHORITY, PLEASE CHECK HERE:** ☐

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622.